

TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371

0020-4769P

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

09/201013

INTERNATIONAL APPLICATION NO.

INTERNATIONAL FILING DATE

PRIORITY DATE CLAIMED

PCT/JP99/02595

May 19, 1999

May 22, 1998

TITLE OF INVENTION

STABLE GENE FORMULATIONS

APPLICANT(S) FOR DO/EO/US

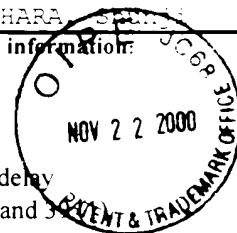
TERADA, Masaaki; OCHIYA, Takahiro; SANO, Akihiko; HISADA, Akihiko; NAGAHARA, Shunji

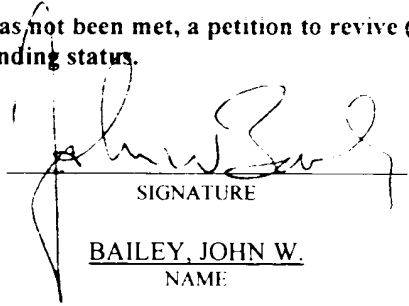
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☒ This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 33.
4. ☒ A proper Demand for International Preliminary Examination was made by the 19<sup>th</sup> month from the earliest claimed priority date.
5. ☒ A copy of the International Application as filed (35 U.S.C. 371(c)(2))
- a. ☐ is transmitted herewith (required only if not transmitted by the International Bureau).
- b. ☒ has been transmitted by the International Bureau.
- c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☒ A translation of the International Application into English (35 U.S.C. 371(c)(3)).
7. ☒ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(2)).
- a. ☐ are transmitted herewith (required only if not transmitted by the International Bureau).
- b. ☐ have been transmitted by the International Bureau.
- c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
- d. ☒ have not been made and will not be made.
8. ☐ A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☐ An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10. ☒ A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

Items 11. to 16. below concern document(s) or information included:

11. ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98./International Search Report, 1449 Form
12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. ☒ A FIRST preliminary amendment.  
☐ A SECOND or SUBSEQUENT preliminary amendment.
14. ☐ A substitute specification.
15. ☐ A change of power of attorney and/or address letter.
16. ☒ Other items or information:  
Nineteen (19) sheets of formal drawings



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                               |                   |                                                                                                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|-------------------|---------------------------------------------------------------------------------------------------|-----------------|
| APPLICATION NO. (if known, see 37 CFR 1.5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | INTERNATIONAL APPLICATION NO. |                   | ATTORNEY'S DOCKET NUMBER                                                                          |                 |
| 097 701013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | PCT JP99 02595                |                   | 0020-4769P                                                                                        |                 |
| 17. <input checked="" type="checkbox"/> The following fees are submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                               |                   | CALCULATIONS      PTO USE ONLY                                                                    |                 |
| <b>BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5):</b><br>Neither international preliminary examination fee (37 CFR 1.482)<br>nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO<br>and International Search Report not prepared by the EPO or JPO. .... <b>\$1,000.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to<br>USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$860.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO<br>but international search fee (37 CFR 1.445(a)(2)) paid to USPTO. .... <b>\$710.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br>but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$690.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br>and all claims satisfied provisions of PCT Article 33(1)-(4). .... <b>\$100.00</b><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> |              |                               |                   | <b>\$</b>                                                                                         | <b>860.00</b>   |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30<br>months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                               |                   | <b>\$</b>                                                                                         | <b>130.00</b>   |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NUMBER FILED | NUMBER EXTRA                  | RATE              |                                                                                                   |                 |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29 - 20 =    | 9                             | X <b>\$18.00</b>  | <b>\$</b>                                                                                         | <b>162.00</b>   |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 - 3 =      | 1                             | X <b>\$80.00</b>  | <b>\$</b>                                                                                         | <b>80.00</b>    |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)      No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                               | + <b>\$270.00</b> | <b>\$</b>                                                                                         | <b>0.00</b>     |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                               |                   | <b>\$</b>                                                                                         | <b>1,232.00</b> |
| Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity statement<br>must also be filed (Note 37 CFR 1.9, 1.27, 1.28).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                               |                   | <b>\$</b>                                                                                         |                 |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                               |                   | <b>\$</b>                                                                                         | <b>1,232.00</b> |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30<br>months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                               |                   | <b>\$</b>                                                                                         |                 |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                               |                   | <b>\$</b>                                                                                         | <b>1,232.00</b> |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property      +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                               |                   | <b>\$</b>                                                                                         |                 |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                               |                   | <b>\$</b>                                                                                         | <b>1,232.00</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                               |                   | <b>Amount to be:</b>                                                                              | <b>\$</b>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                               |                   | <b>refunded</b>                                                                                   | <b>\$</b>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                               |                   | <b>charged</b>                                                                                    | <b>\$</b>       |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ <b>1,232.00</b> to cover the above fees is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account. No. _____ in the amount of \$ _____ to cover the above fees.<br>A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any<br>overpayment to Deposit Account No. <u>02-2448</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                               |                   |                                                                                                   |                 |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                               |                   |                                                                                                   |                 |
| Send all correspondence to:<br><b>Birch, Stewart, Kolasch &amp; Birch, LLP or Customer No. 2292</b><br><b>P.O. Box 747</b><br><b>Falls Church, VA 22040-0747</b><br><b>(703)205-8000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                               |                   |                                                                                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                               |                   | <br>SIGNATURE |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                               |                   | <b>BAILEY, JOHN W.</b><br>NAME                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                               |                   | <b>#32,881 (JWB)</b><br>REGISTRATION NO                                                           |                 |